POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*KM*	*2591*	*58*
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		*6800*	*7-6*
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	0	.... Objected

Claim		Date								
Final	Original									
	1	✓	✓							
	2	✓	✓	✓						
	3	✓	✓	✓						
	4	✓	✓	✓						
	5	✓	✓	✓						
	6	✓	✓	✓						
	7	✓	✓	✓						
	8	✓	✓	✓						
	9	✓	✓	✓						
	10	✓		■						
	11	✓	✓	✓						
	12	✓	✓	✓						
	13	✓	✓	✓						
	14	✓		■						
	15	✓	✓	✓						
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	18	✓	✓	✓						
	19	✓	✓	✓						
	20	✓	✓	✓						
	21	✓	✓	✓						
	22	✓	■							
	23	✓	✓	✓						
	24	✓	✓	✓						
	25	✓	■							
	26	✓	✓	✓						
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If more than 150 claims or 10 actions
staple additional sheet here

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